State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Northwestern Connecticut Oncology/Hematology Associates, LLP	
Doing Business As		
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	200 Kennedy Drive Torrington, CT 06790	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	
Name of Contact person, including title	Lisa Shomsky Practice Administrator	
Contact person's street mailing address	200 Kennedy Drive Torrington, CT 06790	
Contact person's phone, fax and e-mail address	Phone: 860-482-5384 lisa.shomsky@usoncology.com	

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:
Torrington Full-Time Fixed Positron Emission Tomography (PET) Service

b. Location of proposal (Town including street address):
220 Kennedy Drive, Torrington, CT 06790

c. List all the municipalities this project is intended to serve:
Litchfield County and small sections of western Hartford and Northwestern New Haven Counties.

d. Estimated starting date for the project:
September 1, 2005

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E	P		E	P		E	P	
☐	☐	Acute Care Hospital	☐	☒	Imaging Center	☒	☐	Cancer Center
☐	☐	Behavioral Health Provider	☐	☐	Ambulatory Surgery Center	☐	☐	Primary Care Clinic
☐	☐	Hospital Affiliate	☐	☐	Other (specify):_____			

SECTION III. EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure/Cost: **$ 235,300.00**

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	$
Medical Equipment (Purchase)	$ 45,000.00
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	$ 10,000.00
Sales Tax	$ 12,300.00
Delivery & Installation	$ 18,000.00
Total Capital Expenditure	**$ 85,300.00**
Fair Market Value of Leased Equipment	$150,000.00
Total Capital Cost	**$235,300.00**

PLEASE SEE ATTACHED FAIR MARKET VALUE LETTER FROM CTI PET SYSTEMS AND SIEMENS.

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Positron Emission Tomography Scanner	CTI PET Systems/ Siemens	ECAT Exact PET Scanner	1	$150,000

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

☒ Operating Funds ☐ Lease Financing ☐ Conventional Loan

☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding

☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

PLEASE SEE ATTACHED.

SECTION V. AFFIDAVIT

Applicant: Northwestern Connecticut Oncology/Hematology Associates, LLP

Project Title: Torrington Full-Time Fixed Positron Emission Tomography (PET) Service

I, Jedd Levine, MD, Managing Partner of Northwestern Connecticut Oncology/Hematology Associates, LLP being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that Northwestern Connecticut Oncology/Hematology Associates, LLP complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Jedd Levine — Signature

5/11/05 — Date

Subscribed and sworn to before me on May 11, 2005

Donna M. Casavant
Notary Public/Commissioner of Superior Court

My commission expires: My Commission Exp. Oct. 31, 2005

Form 2020
Revised 7/02